

RECEIVED
CENTRAL FAX CENTER

APR 03 2006

Law Offices of
SENNIGER POWERSOne Metropolitan Square, 16th Floor
St. Louis, Missouri 63102Telephone (314) 231-5400
Facsimile (314) 231-4342

FACSIMILE TRANSMITTAL COVER SHEET

DATE: 4/3/2006 ATTORNEY DOCKET NUMBER: GNA 1804.1
PTO FACSIMILE NUMBER: 571-273-8300PLEASE DELIVER THIS FACSIMILE TO: Mail Stop RCE
THIS FACSIMILE IS BEING SENT BY: Tan-Chi Yuan
NUMBER OF PAGES: 20 INCLUDING COVER SHEETTIME SENT: 1:26 PM OPERATOR'S NAME Arthur

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to
the Patent and Trademark Office on the date shown below.Arthur Tan-Chi Yuan

Typed or printed name of person signing certification

4/3/06

Date

Signature

Type of paper transmitted: Request for Continued Examination;
Amendment D; fee transmittal;
attachment to Amendment DApplicant's Name: Wolzenski et al.Serial No. (Control No.): 09/717,189 Examiner: Graham, Clement B.Filing Date: 11/21/2000 Art Unit: 3628 Confirmation No. 9504Application Title: PROCESS FOR COMPREHENSIVE FINANCIAL AND
ESTATE PLANNINGIF YOU DO NOT RECEIVE ALL PAGES CLEARLY, CALL BACK AS SOON AS
POSSIBLE. CONFIRMING NUMBER IS (314) 231-5400.

RECEIVED
CENTRAL FAX CENTERFee Transmittal

APR 03 2006

Application Number 09/717,189
 Filing Date November 21, 2000
 Inventor(s) Wolzenski et al.
 Examiner Name Graham, Clement B.
 Attorney Docket Number GNA 1804.1

Art Unit 3628
 Confirmation No. 9504

Applicant claims small entity status.

METHOD OF PAYMENT

- The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.
- Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. BASIC FILING, SEARCH AND EXAMINATION FEES
 (Type: _____) Subtotal (1) \$ _____

2. EXCESS CLAIM FEES

Total Claims _____ - _____ (HP) = 0 x Fee _____ = \$ 0.00
 Indep Claims _____ - _____ (HP) = 0 x Fee _____ = \$ 0.00
 Multiple Dependent Claims Fee _____
(HP = highest number of claims paid for) Subtotal (2) \$ 0.00

3. APPLICATION SIZE FEE

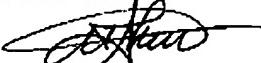
Total Pages N/A - 100 = Nan ÷ 50 = 0 x \$ _____ = \$ 0.00
(Application + Drawings) (round up to whole #)
 Subtotal (3) \$ 0.00

4. OTHER FEE(S)

- Three month extension of time
 Information disclosure statement
 37 CFR 1.17(q) processing fee
 Non-English specification
 Notice of Appeal
 Filing a brief in support of appeal
 Request for oral hearing
 Other: Request for Continued Examination

Subtotal (4) \$ 1810.00

TOTAL AMOUNT OF PAYMENT \$ 1810.00


 Tan-Chi Yuan
 Reg. No. L0113

4/3/2006

Date

Telephone: 314-231-5400

RMB/tmg

Via Facsimile 571-273-8300

PAGE 4/20 * RCVD AT 4/3/2006 2:27:40 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-3/17 * DNI:2738300 * CSID:3142314342 * DURATION (mm:ss):05:58